

ASSIGNED COUNSEL DEFENDER PLAN  
NASSAU COUNTY BAR ASSOCIATION  
15th & WEST STREETS  
MINEOLA, NY 11501  
Phone 516 747 8448

VOUCHER FOR COMPENSATION AND/OR EXPENSES  
FOR INVESTIGATIVE, EXPERT OR OTHER SERVICES

TO: \_\_\_\_\_  
(Name of Payee)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I. Case: People v. \_\_\_\_\_  
II. Court: \_\_\_\_\_ Docket No.: \_\_\_\_\_

(Judge Authorizing Expenditure) \_\_\_\_\_ Date \_\_\_\_\_  
III. Attorney of Record: \_\_\_\_\_  
\_\_\_\_\_

IV. Nature of Services Rendered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. Total Time Expended \_\_\_\_\_ hours: Rate per hour: \$ \_\_\_\_\_  
Total Item V.  
\$ \_\_\_\_\_

VI. Disbursements incurred for which reimbursement is claimed (Itemize):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total Item VI. \$ \_\_\_\_\_

Except as noted above, no compensation has been received from any other source, nor has payment or promise of payment been requested or accepted for assisting in the representation of the above defendant.

Recapitulation: Partial ( ) Final ( ) Full ( )  
Total Items V. & VI. \$ \_\_\_\_\_

Certified Correct

\_\_\_\_\_  
Signature of Payee

Approval Recommended:

\_\_\_\_\_  
Attorney for Defendant

ALLOWANCE \$ \_\_\_\_\_  
APPROVAL FOR TRANSMITTAL ONLY

APPROVED:

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Judge

